

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE DD
faxed 5-16-08
2008 MAY 22 AM 9:00

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald for House 27

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

LOU OSWALD

Political Party (if applicable)

R

Office Sought

REPRESENTATIVE HD27

District (if Senate or House)

27

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

1790

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Lou Oswald
SIGNATURE OF PERSON FILING REPORT

563-582-5673
TELEPHONE

05-16-08
DATE SIGNED

I AM FILING A

MAY 19, 2008
(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/4/08

County & Local Committees, enter County in
which Election is held

Dubuque

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

915⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

915⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

164⁰⁰

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

751⁰⁰

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

713.78

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald for House 27

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/1/08	ID# CK#	Louis Oswald, Jr. 1080 Nowata St. Dubuque, Iowa 52001	Son	\$ 100.00	<input type="checkbox"/>
3/26/08	ID# CK#	Charles/Linda Giese 940 Prince Phillip Dr. Dubuque, Iowa 52001	Friend	50.00	<input type="checkbox"/>
4/2/08	ID# CK#	David Kennedy 1686 Sunset Blvd Boulder, Colorado 80204	Friend	100.00	<input type="checkbox"/>
3/17/08	ID# CK#	Gerald/Patricia Balvanz 4563 Camelot Dr Dubuque, Iowa 52002	Friend	30.00	<input type="checkbox"/>
3/11/08	ID# CK#	Patricia Fitzpatrick 1389 Mt. Pleasant St Dubuque, Iowa 52001	Friend	25.00	<input type="checkbox"/>
2/18/08	ID# CK#	Ladonna Ma Manternach 920d Carmel Dr Dubuque, Iowa 52003	Friend	10.00	<input type="checkbox"/>
2/18/08	ID# CK#	Lavonne Kennedy 1888 Jackson St. Dubuque, IA 52001	Lou's Aunt	20.00	<input type="checkbox"/>
2/17/08	ID# CK#	Kerin Moldenhauer 1250 Nowata St Dubuque, IA 52001	Friend/Neighbor	25.00	<input type="checkbox"/>
2/26/08	ID# CK#	John Stork 3066 Arbor Hills Dr Dubuque, IA 52001	Friend	50.00	<input type="checkbox"/>
1/11/08	ID# CK#	Murray/Kim Kennedy 2787 W 115th Cir Westminster, CO 80234	Lou's Sister	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 510.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald for House 27

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3/5/08	ID# CK#	Mark / Betty Topf 2565 Matthew John Dr Dubuque, IA 52002	Friend	\$ 25.00	<input type="checkbox"/>
2/26/08	ID# CK#	Barry / Karen Coates 4003 Romelle Council Bluffs, IA 51501	Lou's Sister	50.00	<input type="checkbox"/>
3/20/08	ID# CK#	Gary / Kathleen Kennedy 2182 Seippel Rd Dubuque, IA 52002	Lou's Cousin	20.00	<input type="checkbox"/>
3/20/08	ID# CK#	Kathy Demuth 1350 Nowata St. Dubuque, IA 52001	Friend + Neighbor	5.00	<input type="checkbox"/>
3/22/08	ID# CK#	Kim Halton - Clausen 1365 Loras Blvd Dubuque, IA 52001	Friend	5.00	<input type="checkbox"/>
3/22/08	ID# CK#	Juanita Oswald 11500 Natalie Dr. Dubuque, IA 52003	Lou's Mom	25.00	<input type="checkbox"/>
3/22/08	ID# CK#	Leo Oswald 2595 Asbury Rd Dubuque, IA 52001	Lou's brother	5.00	<input type="checkbox"/>
3/25/08	ID# CK#	Francis / Norma Apel 1209 Vernon St. Dubuque, IA 52001	Friend	5.00	<input type="checkbox"/>
5/1/08	ID# CK#	Gary / Lili Peterson 1220 Nowata Dubuque, IA 52001	Friend + Neighbor	20.00	<input type="checkbox"/>
5/1/08	ID# CK#	Bradley / Pat Burgmeier 420 Clinton Ave E. Dub, IA 61025	Friend	50.00	<input type="checkbox"/>
SUB-TOTAL				\$210.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald for House 27

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/1/08	ID# CK#	Jess / Diane Bertsch 1040 Prince Phillip Dr. Dubuque, IA 52002	friend	\$ 20.00	<input type="checkbox"/>
5/1/08	ID# CK#	Richard Canganeli 560 W 11th Dubuque, IA	friend	25.00	<input type="checkbox"/>
5/2/08	ID# CK#	George / Jill Casey 1490 Mt. Pleasant St. Dubuque, Iowa 52001	Friend	50.00	<input type="checkbox"/>
5/2/08	ID# CK#	Steve / Peg Schilling 620 N Front St. N. Liberty IA 52817	Lou's wife's cousin	50.00	<input type="checkbox"/>
5/5/08	ID# CK#	John / Ellen Markham 1724 Geraldine Dr. Dubuque, IA 5200	friend	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 195.00

TOTAL (if last page of this schedule)

\$ 915.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald For House 27

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/15/08	ID# CK#	Hartig Drug + Al's Cafe 1600 University Ave Dubuque, Iowa 52001	Stamps - Postage	\$ 164.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 164.00
TOTAL (if last page of this schedule)				\$ 164.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Lou Oswald for House 27

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE

D

(Rev. 08/98)

INCURRED
INDEBTEDNESS☐ CHECK THIS BOX
IF AMENDING
FORM**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1/22/08	Lou Oswald 1080 Nowata St Dubuque, IA 52001	Graves Signs lettering for banners + design for political advertising	\$ 120.60
3/26/08	Lou Oswald see above	Hartig Drug 5 books of stamps	41.00
3/30/08	Lou Oswald see above	Copy Works Brochures	43.60
4/14/08	Lou Oswald see above	Copy Works Copies	3.42
5/1/08	Lou Oswald see above	Victory Store.com 250 Poster Board signs Custom Banner	505.16
SUB-TOTAL			\$ 713.78
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 713.78

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.